



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2004 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEO	\$8.08	\$8.08	01-May-2004
90472	IMMUN ADMN EACH ADDL (INCLUDES PERCUTANEOUS,INTRADERMAL,SUB INTRAM & JET IN	\$5.52	\$5.52	01-May-2004
90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UN	\$87.71	\$87.71	01-May-2004
90781	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIREC	\$24.77	\$24.77	01-May-2004
90782	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTE	\$18.44	\$18.44	01-May-2004
90783	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA- ARTE	\$18.85	\$18.85	01-May-2004
90784	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOU	\$37.19	\$37.19	01-May-2004
90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	\$16.61	\$16.61	01-May-2004
90799	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	BR	BR	01-Oct-1982
96400	CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT	\$47.65	\$47.65	01-May-2004
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	\$106.04	\$28.99	01-May-2004
96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	\$143.88	\$41.64	01-May-2004
96408	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE	\$115.05	\$115.05	01-May-2004
96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOU	\$161.51	\$161.51	01-May-2004
96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOUR	\$36.22	\$36.22	01-May-2004



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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF	\$200.22	\$200.22	01-May-2004
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$112.21	\$112.21	01-May-2004
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE	\$199.12	\$199.12	01-May-2004
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 H	\$78.73	\$78.73	01-May-2004
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION	\$182.32	\$182.32	01-May-2004
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING TH	\$401.65	\$139.47	01-May-2004
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING	\$397.24	\$128.85	01-May-2004
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCL	\$340.71	\$113.58	01-May-2004
96520	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$152.66	\$152.66	01-May-2004
96530	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVER	\$113.22	\$113.22	01-May-2004
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS R	\$217.23	\$79.56	01-May-2004
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	BR	01-Oct-1982
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNA	\$37.41	\$37.41	01-May-2004
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$56.62	\$56.62	01-May-2004
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$28.65	\$28.65	01-May-2004



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96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$18.34	\$18.34	01-May-2004
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLAT	\$40.70	\$40.70	01-May-2004
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$50.97	\$50.97	01-May-2004
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMA	\$69.07	\$69.07	01-May-2004
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS	\$327.49	\$67.86	01-May-2004
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500	\$330.80	\$68.98	01-May-2004
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$395.80	\$124.12	01-May-2004
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	BR	01-Oct-1982
97001	PHYSICAL THERAPY EVALUATION	\$73.90	\$63.68	01-May-2004
97002	PHYSICAL THERAPY RE-EVALUATION	\$38.92	\$31.98	01-May-2004
97003	OCCUPATIONAL THERAPY EVALUATION	\$78.65	\$61.85	01-May-2004
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$45.13	\$30.52	01-May-2004
97005	ATHLETIC TRAINING EVALUATION	BR	BR	01-Jan-2002
97006	ATHLETIC TRAINING RE-EVALUATION	BR	BR	01-Jan-2002
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$4.47	\$4.47	01-May-2004
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	\$14.85	\$14.85	01-May-2004
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED	\$14.07	\$14.07	01-May-2004
97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	\$14.07	\$14.07	01-May-2004
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	\$6.66	\$6.66	01-May-2004
97020	PHYSICAL MEDICINE TREATMENT TO ONE AREA; MICROWAVE	\$4.84	\$4.84	01-May-2004
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	\$14.79	\$14.79	01-May-2004



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97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	\$5.93	\$5.93	01-May-2004
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	\$4.84	\$4.84	01-May-2004
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	\$5.95	\$5.95	01-May-2004
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MAN	\$15.58	\$15.58	01-May-2004
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINU	\$20.75	\$20.75	01-May-2004
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MIN	\$14.09	\$14.09	01-May-2004
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$12.26	\$12.26	01-May-2004
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUT	\$22.91	\$22.91	01-May-2004
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$11.53	\$11.53	01-May-2004
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXER	\$28.65	\$28.65	01-May-2004
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR RE	\$28.57	\$28.57	01-May-2004
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY	\$32.66	\$32.66	01-May-2004
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (I	\$24.51	\$24.51	01-May-2004
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDI	\$21.87	\$21.87	01-May-2004
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPE	\$15.55	\$15.55	01-May-2004



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97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC	\$26.36	\$26.36	01-May-2004
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$17.47	\$17.47	01-May-2004
97504	ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES	\$30.48	\$30.48	01-May-2004
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES EACH 15 MIN	\$27.84	\$27.84	01-May-2004
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$28.93	\$28.93	01-May-2004
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVI	\$24.50	\$24.50	01-May-2004
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE AD	\$25.60	\$25.60	01-May-2004
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AN	\$29.67	\$29.67	01-May-2004
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY	\$27.07	\$27.07	01-May-2004
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$27.43	\$27.43	01-May-2004
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	01-Jan-1993
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDIT	BR	BR	01-Jan-1993
97601	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S); SELECTIVE DEBRIDEMENT, WITHOUT	\$38.60	\$38.60	01-May-2004
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	BR	BR	01-Jan-2001
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$25.12	\$25.12	01-May-2004



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97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL C	\$28.57	\$28.57	01-May-2004
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR	\$34.55	\$34.55	01-May-2004
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	01-Oct-1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$17.57	\$17.57	01-May-2004
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$17.57	\$17.57	01-May-2004
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$7.35	\$7.35	01-May-2004
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$29.26	\$22.32	01-May-2004
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLV	\$40.42	\$34.21	01-May-2004
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$52.73	\$45.07	01-May-2004
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOL	\$62.00	\$52.87	01-May-2004
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$71.30	\$59.98	01-May-2004
98940	CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$25.97	\$21.59	01-May-2004
98941	CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS	\$36.04	\$31.66	01-May-2004
98942	CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS	\$47.26	\$42.88	01-May-2004



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98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE OR MORE REGIONS	\$24.11	\$21.18	01-May-2004
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OF	\$12.60	\$12.60	01-Jun-2000
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTH	\$18.89	\$18.89	01-Jun-2000
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPL	\$37.03	\$37.03	01-Jun-2000
99050	SERVICES REQUESTED AFTER POSTED OFFICE HOURS IN ADDITION TO BASIC SERVICE	\$14.38	\$14.38	01-Jun-2000
99052	SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE	\$21.16	\$21.16	01-Jun-2000
99054	SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE	\$14.81	\$14.81	01-Jun-2000
99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	\$40.20	\$40.20	01-Jun-2000
99141	SEDATION WITH OR WITHOUT ANALGESIA (CONSCIOUS SEDATION); INTRAVENOUS, INTRA	\$102.02	\$45.78	01-May-2004
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP	\$131.40	\$87.58	01-May-2004
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	BR	BR	01-Jan-2000
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERV	\$55.19	\$55.19	01-May-2004
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESS	\$266.52	\$119.36	01-May-2004
99185	HYPOTHERMIA; REGIONAL	\$25.00	\$25.00	01-May-2004
99186	HYPOTHERMIA; TOTAL BODY	\$83.68	\$83.68	01-May-2004
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR W	\$104.51	\$104.51	01-Jun-2000



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99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR W	\$63.26	\$63.26	01-Jun-2000
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR W	\$47.13	\$47.13	01-Jun-2000
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$16.88	\$16.88	01-May-2004
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	BR	01-Oct-1982
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$8.08	\$8.08	01-Jul-2002
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$8.08	\$8.08	01-Jul-2002
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$8.08	\$8.08	01-Jul-2002
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	\$36.20	\$23.42	01-May-2004
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$21.00	\$8.95	01-May-2004
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$118.62	\$57.27	01-May-2004
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$368.10	\$205.24	01-May-2004
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	\$138.14	\$138.14	01-May-2004
G0108	DIABETES OUTPATIENT SELF- MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 M	\$31.08	\$31.08	01-May-2004
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OP	\$43.54	\$24.55	01-May-2004
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVI	\$25.74	\$9.31	01-May-2004
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, B	\$138.14	\$138.14	01-May-2004



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G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA	\$368.10	\$205.24	01-May-2004
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$138.14	\$138.14	01-May-2004
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECT	\$22.66	\$22.66	01-May-2004
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER	\$15.88	\$9.31	01-May-2004
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$22.66	\$22.66	01-May-2004
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$133.75	\$4.12	01-May-2004
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$87.32	\$23.05	01-May-2004
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER	\$56.28	\$56.28	01-May-2004
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE- COVERED HOME HEALTH SERVICES UNDER A	\$72.94	\$72.94	01-May-2004
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCU	BR	BR	01-Jan-2001
G0245	INITIAL FOOT EXAM PT LOPS	\$64.15	\$46.98	01-May-2004
G0246	FOLLOW UP EVAL OF FOOT PT LOPS	\$37.33	\$23.46	01-May-2004
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSOR	\$39.73	\$28.78	01-May-2004
G0248	DEMONSTRATION USE OF HOME INR MONITORING	\$246.89	\$246.89	01-May-2004
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT	\$143.18	\$143.18	01-May-2004
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD	BR	BR	01-Jan-2003
G0267	BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MODIFICATION OR TREATMENT TO E	BR	BR	01-Jan-2003



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G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	\$47.82	\$33.94	01-May-2004
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STA	\$11.14	\$11.14	01-May-2004
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	\$11.14	\$11.14	01-May-2004
G0289	ARTHROSCOPY KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDE	\$89.14	\$89.14	01-May-2004
G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANE	BR	BR	01-Jul-2003
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANE	BR	BR	01-Jul-2003
G0292	ADMINISTRATION(S) OF EXPERIMENTAL DRUG(S) ONLY IN A MEDICARE QUALIFYING CLI	BR	BR	01-Jan-2003
G0297	INSERTION OF SINGLE CHAMBER PACING CARDIOVERTER DEFIBRILLATOR PULSE GENERAT	BR	BR	01-Jan-2004
G0298	INSERTION OF DUAL CHAMBER PACING CARDIOVERTER DEFIBRILLATOR PULSE GENERATOR	BR	BR	01-Jan-2004
G0299	INSERTION OR REPOSITIONING OF ELECTRODE LEAD FOR SINGLE CHAMBER PACING CARD	BR	BR	01-Jan-2004
G0300	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR DUAL CHAMBER PACING CAR	BR	BR	01-Jan-2004
G0308	ESRD RELATED SVS DURING THE COURSE OF TREATMENT <2 YRS OF AGE INC MONITOR	\$804.62	\$804.62	01-May-2004
G0309	ESRD RELATED SVS DURING COURSE OF TREATMENT <2 YRS OF AGE INCLUDING MONIT	\$670.06	\$670.06	01-May-2004
G0310	ESRD RELATED SVS DRUING THE CORSE OF TREATMENT <2 YRS INCLU MONITORING	\$535.80	\$535.80	01-May-2004



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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
G0311	ESRD RELATED SVS DURING THE COURSE OF TREATMENT 2-11 YRS INCMONITORING 4+VI	\$549.49	\$549.49	01-May-2004
G0312	ESRD RELATED SVS DURING THE COURSE OF TREATMENT 2-11 YRS INCMONITORING	\$457.75	\$457.75	01-May-2004
G0313	ESRD RELATED SVS DURING THE COURSE OF TREATMENT 2-11 YRS INCMONITORING	\$365.93	\$365.93	01-May-2004
G0314	ESRD RELATED SERVICES DURING COURSE OF TREATMENT 12-19 YRS INC MONITORING	\$481.54	\$481.54	01-May-2004
G0315	ESRD RELATED SVS DURING COURSE OF TREATMENT 12-19 YRS TO INCMONITORING	\$401.00	\$401.00	01-May-2004
G0316	ESRD RELATED SVS DURING COURSE OF TREATMENT 12-19 YRS TO INCMONITORING	\$320.38	\$320.38	01-May-2004
G0317	ESRD RELATED SVS DURING THE COURSE OF TREATMENT >20 YRS INC MONITORING	\$301.40	\$301.40	01-May-2004
G0318	ESRD RELATED SVS DURING THE COURSE OF TREATMENT >20 YEARS TOINCLUDE MONITOR	\$250.92	\$250.92	01-May-2004
G0319	ESRD RELATED SVS DURING COURSE OF TREATMENT >20 YRS TO INC MONITORING	\$200.43	\$200.43	01-May-2004
G0320	ESRD RELATED SVS FOR HOME DIALYSIS PATIENT FULL MO <2 YRS WMONITORING	\$670.06	\$670.06	01-May-2004
G0321	ESRD RELATED SVS HOME DIALYSIS PATIENTS FOR MONTH 2-11 YRS OLD WITH MONITO	\$401.00	\$401.00	01-May-2004
G0322	ESRD RELATED SVS HOME DIALYSIS 12-19 YRS OF AGE WITH MONITORING	\$457.75	\$457.75	01-May-2004
G0323	ESRD RELATED SVS HOME DIALYSIS PATIENTS PER MONTH >20 YRS WITH MONITORING	\$250.92	\$250.92	01-May-2004
G0324	ESRD RELATED SVS FOR HOME DIALYSIS < 1 MONTH PER DAY FOR PATIENTS <2 YRS OF	\$22.24	\$22.24	01-May-2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2004 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2004	FAC RATE 2004	EFF DATE
G0325	ESRD RELATED SVS FOR HOME DIALYSIS (LESS THAN 1 FULL MONTH) PATIENTS 2-11 Y	\$13.38	\$13.38	01-May-2004
G0326	ESRD RELATED SVS HOME DIALYSIS (LESS THAN FULL MONTH) PER DAY 12-19 YRS A	\$15.24	\$15.24	01-May-2004
G0327	ESRD RELATED SVS FOR HOME DIALYSIS (LESS THAN FULL MONTH) PER DAY >20 YRS A	\$8.56	\$8.56	01-May-2004
G3001	ADMINISTRATION-SUPPLY OF TOSITUMAMAB 450 MGM	BR	BR	01-Jul-2003
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRES	\$26.64	\$18.60	01-May-2004
M0076	PROLOTHERAPY	BR	BR	01-Mar-1989
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	BR	BR	01-Mar-1989
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	BR	01-Jan-1992
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCU	BR	BR	01-Jan-1992
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	01-Jan-1992
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S	BR	BR	01-Jan-1992